

What is claimed is:

1. A capacitor-reform method comprising:
charging at least one wet-tantalum capacitor in an implantable medical device;
allowing the one wet-tantalum capacitors to discharge through system leakage after
charging the one wet-tantalum capacitor in the implantable medical device;
and
discharging the one or more of the wet-tantalum capacitors through a non-
therapeutic load, after allowing the one or more wet-tantalum capacitors to
discharge through system leakage.
2. The method of claim 1, wherein the implantable medical device has a housing and
the non-therapeutic load is a resistor within the housing.
3. The method of claim 1, wherein the one wet-tantalum capacitor comprises a
tantalum anode and a non-tantalum cathode.
4. The method of claim 1, wherein the implantable device includes means for
defibrillation, means for cardioversion, or means for pacemaking.
5. A capacitor-reform method comprising:
charging at least one wet-tantalum capacitor to a high voltage relative its rated
voltage or maximum-energy voltage;
partially discharging the one the wet-tantalum capacitors through system leakage
after charging the one wet-tantalum capacitor to the high voltage; and
discharging the one or more of the wet-tantalum capacitors through a non-
therapeutic load, after partially discharging the one or more wet-tantalum
capacitors through system leakage.
6. The method of claim 5, wherein the high voltage is about 90 percent of the rated
voltage or a maximum-energy voltage for the capacitor.

7. The method of claim 5, wherein the implantable medical device has a housing and the non-therapeutic load is a resistor within the housing.
8. The method of claim 5, wherein the one wet-tantalum capacitor comprises a tantalum anode and a non-tantalum cathode.
9. The method of claim 5, wherein the partial discharging is initiated after a time period of at least 60 seconds.
10. The method of claim 5, wherein the implantable device includes means for defibrillation, means for cardioversion, or means for pacemaking.
11. A capacitor-reform method comprising:
charging at least one wet-tantalum capacitor in an implantable medical device, in response to a reform signal from a processor in the medical device;
allowing the one wet-tantalum capacitors to discharge through system leakage after charging the one wet-tantalum capacitor in the implantable medical device;
and
discharging the one or more of the wet-tantalum capacitors through a non-therapeutic load, after allowing the one or more wet-tantalum capacitors to discharge through system leakage.
12. The method of claim 11, wherein the implantable medical device has a housing and the non-therapeutic load is a resistor within the housing.
13. The method of claim 11, wherein the one wet-tantalum capacitor comprises a tantalum anode and a non-tantalum cathode.
14. The method of claim 11, wherein the implantable device includes means for defibrillation, means for cardioversion, or means for pacemaking.

15. A capacitor-reform method comprising:
 - charging at least one wet-tantalum capacitor in a device to a voltage;
 - allowing the one wet-tantalum capacitors to discharge through system leakage after charging the one wet-tantalum capacitor in the device; and
 - discharging the one or more of the wet-tantalum capacitors through a load, after allowing the one or more wet-tantalum capacitors to discharge through system leakage.
16. The method of claim 15, wherein the device has a housing and the load is a resistor within the housing.
17. The method of claim 15, wherein the one wet-tantalum capacitor comprises a tantalum anode and a non-tantalum cathode.
18. The method of claim 15, wherein the device is implantable and includes a housing and at least one of means for defibrillation, means for cardioversion, and means for pacemaking; and wherein the load includes a resistor within the housing.